

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

FILED NO. 10/579,084
FILING DATE

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT			AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1						51						
2		1					52						
3			1				53						
4			3				54						
5	1						55						
6		1					56						
7			1				57						
8	1						58						
9		1					59						
10			X				60						
11			6	8			61						
12							62						
13	1						63						
14		1					64						
15			1				65						
16		1					66						
17			1				67						
18		1					68						
19	1						69						
20			1				70						
21			1				71						
22	1						72						
23		1					73						
24			1				74						
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28			1				78						
29		1					79						
30			1				80						
31		1					81						
32			1				82						
33	1						83						
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40							90						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL NO.	3						TOTAL NO.						
TOTAL DEP.	18												
TOTAL CLMNS	21												